

## APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

<b>DHR</b>	<b>1. GEORGIA DEPARTMENT OF HUMAN RESOURCES</b> Commissioner's Office Office of Fraud & Abuse 618 Ponce de Leon Ave., N.E. Atlanta, Georgia 30308	<b>ARCHIVES AND HISTORY</b>
Application Date June 17, 1981		Application Number <b>73-358-A</b>
Application Number DHR 81-9		Date Received JUN 22 1981 <span style="float: right;">Date Completed JUL 9 1981</span>
<b>2. Person to Contact</b> Mrs. Betty Williams <span style="float: right;"> <b>Working Title</b> Administrative Assistant  <b>Telephone Number</b> 894-5987         </span>		
<b>3. Action Requested</b> a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 73-358 Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void /of file - change cut off period - show proper name of office (was Legal - to include forms in contents /Services		
<b>4. Dates of Series</b> Earliest June 1980 <span style="float: right;">         Latest to present       </span>	<b>5. Records Series Title (followed by title used in office; if different)</b> Public Assistance and Food Stamp Suspected Fraud Closed Case Files	
<b>6. Division and Office Function</b> What is the function of the Division and the Office in which this record series is created?  The Office of Fraud and Abuse is responsible for making a legal determination on the desirability of initiating a civil or criminal action in regard to the various assistance programs of the Department, including fraud and overpayment in Public Assistance, Medicaid, and Food Stamps; and for coordinating and/or assisting local law enforcement officials in the prosecution of fraud cases.		
<b>7. Records Series Description</b> This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: maintaining records for suspected fraudulent claims and overpayment - Public Assistance, Food Stamps, and Medical Assistance.  Included are: Forms No. 140 (Report on Suspected Fraud Case) and No. 808 (Report of Claim Determination) - which show date; county; case no.; Client's name, sex, age, current mailing address; type of assistance (AFDC, Medical); dates of first and last overpayment; periods of ineligibility; explanation of fraud (wilful false statement, misrepresentation, concealed resources, other fraudulent devices) and date; Documents substantiating fraud (property and income form, will, contract, deed, notes) and date; name(s) and address(es) of possible witnesses; worker's estimate of recipient's mental ability, handicaps and any special circumstances; assets of individual (home place and automobile equity - bank account, other resources, income) and amount of each; reason for erroneous issuance and summary of circumstances (agency error, client misunderstanding, suspected fraud) criteria for evaluating claim (recipient's capability of understanding and ability to repay claim); State recommendation; appropriate signatures - worker preparing form - County Director - County Worker's signature and title/ initials of Supervisor - DHR Legal Services (Fraud & Abuse) Officer's signature, title, date and recommendation of case (fraud is not indicated; further investigation is necessary). Also included are: computer printouts; Medicaid loss statement (from microfiche copy - State Department of Medical Services); and, as applicable, copy of subpoena; warrant; and related correspondence.		
The file is arranged : alphabetically by last name of client		
<b>8. Monthly Reference Rate</b> How often are records referred to which are: One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; Twenty-five months and older _____ ? frequent reference while in office		
<b>9. Annual Rate of Accumulation of Records</b> Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) approximately 30 cu. ft.		

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. client names shown
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? portions in various County DFCS Offices.
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? selected information from forms 140 and 808

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | 3 years.     |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12.6a Food and Nutrition Service  
Dept. of Agriculture

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

#### State Office of Fraud and Abuse

Upon determination that case is closed, uncollectible, or paid in full, place all papers for that client in the inactive file.

#### Inactive file

Cut off file June 30 and December 31 each year; transfer to State Records Center; hold 3 years; then destroy.

Computer printout (received after June 30 and December 31)

Hold in current files area 5 years; then destroy.  
Earlier destruction is authorized.

#### County Departments of Family and Children Services

Follow the guidelines for disposition of client records - County DFACS Manual.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Betty C. Williams	6-16-81	Elizabeth W. Crank	6/10/81
		Elizabeth W. Crank, CRM	
		State Records Committee (Signature)	Date
State Auditor/Designee			6-29-81
Secretary of State/Designee		Carroll Hart	6-29-81
Attorney General/Designee		Jerry Shapiro	

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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1. Application Date <b>May 7, 1973</b>	<b>INSTRUCTIONS:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE		
2. Agency Application No. <b>DHR-Co-3</b>		Date Received <b>MAY 17 1973</b>	Application No. <b>73-358</b>	Date Completed <b>MAY 18 1973</b>
3. AGENCY, Division, Subdivision & Administering Office Address <b>Department of Human Resources Legal Services Unit 401-S Office of Commissioner 47 Trinity Avenue Atlanta, Georgia</b>		4. Person to Contact <b>Mrs. Mary Pallotta</b>		
		5. Working Title <b>Legal Services Officer</b>		
		6. Tel. No. <b>656-4372</b>		

7. ACTION REQUESTED

- ☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest  
Dates of Series  
**1962 - to date**

9. Exact Series Title  
**Public Assistance Suspected Fraud Case File**

10. What is the function of the office in which this record series is created?

The Legal Services Unit, under the direction of the Commissioner, is responsible for making a legal determination on the desirability of initiating a civil or criminal action in regard to the various assistance programs of the Department, including fraud and overpayment in Public Assistance, Medicaid, Food Stamps and food distribution. The office is responsible for coordinating and/or assisting local law enforcement officials in the prosecution of fraud cases.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the prosecution of possible fraud cases and the recovery of funds due to overpayment. This includes, but is not limited to, Report of Suspected Fraud Cases, or a Report of Claim Determination, Subpoena, warrants, and related correspondence. File is arranged numerically by case number.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	20	30		4	6
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
				This Year's	Last Year's
				Preceding Year's	All Prior Years
			AVERAGE DAILY REFERENCES	10	3
				1	0

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

13. Is this the Record Copy of the series? YES [X] NO [ ]
14. Is there a duplication of this series in another office or agency? YES [ ] NO [X]
15. Is the information contained in this series ever summarized or published? YES [ ] NO [X]  
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? YES [ ] NO [X]
- Confidential - Legal records are considered to be confidential**
17. Does the series initiate, amend or terminate agency policies and procedures? YES [ ] NO [X]
18. Could the function be performed if the files were lost or destroyed? YES [X] NO [ ]
- With great difficulty**
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? YES [ ] NO [X]
20. Does the record series provide data as input to an EDP file? YES [ ] NO [X]
21. Does the record series contain documentation produced as EDP printout? YES [ ] NO [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? YES [ ] NO [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? YES [X] NO [ ]

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. [ ] STATE LAW    b. [ ] STATUTE OF LIMITATION    c. [ ] AUDIT PERIOD    d. [ ] FEDERAL LAW    e. [X] ADMINISTRATIVE DECISION    f. [ ] HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

Mrs. Mary Pallotta, Legal Services Officer

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - [X] CALENDAR YEAR - [ ] FISCAL YEAR - [ ] OTHER \_\_\_\_\_, then:

- [ ] Hold in the current files area \_\_\_\_\_ month(s)/\_\_\_\_\_ year(s):
- [X] Transfer to [X] State Records Center [ ] Local Holding Area; hold 3 year(s):
- [X] Destroy.
- [ ] Transfer to State Archives for permanent retention.
- [ ] Destroy immediately after cut-off.
- [ ] Other: (Specify) \_\_\_\_\_

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Douglas M. Hare</i>	5-7-73		
26. Recommendations in paragraph 25 are:	Agency Head/Designee M.D.V. [X] Approved [ ] Disapproved	<i>James W. Quinn</i>	5-8-73
	State Auditor/Designee [X] Approved [ ] Disapproved	<i>William M. Dixon</i>	5-17-73
	Secretary of State/Designee [X] Approved [ ] Disapproved	<i>Carroll Hart</i>	5-15-73
	Attorney General/Designee [X] Approved [ ] Disapproved	<i>Robert Stull</i>	5-17-73

STATE RECORDS  
COMMITTEE